**Nana Clare’s Kitchen!**

**Cooking Camps /Baking Classes – 2018 (Medical release is valid for 1 full year unless the information has changed. Please fill one out each new year. THANK YOU!! If your child attends BOTH Cooking and Baking, we only need 1 Medical Release)**

**REFUND POLICY**

Withdraw 7 days PRIOR to the 1st class = $25.00 withheld

Withdraw 6 – 0 days PRIOR to the 1st class = No Refund given

I have read and understand the above *policy regarding refunds*:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**EMERGENCY MEDICAL TREATMENT AUTHORIZATION – 2018 (full year)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child) who is/will be a student enrolled in the 2017

Winter Cooking Camp with Nana Clare’s Kitchen (NCK), do hear by expressly authorize any of the following

steps, when deemed necessary and appropriate by NCK personnel, to be taken by NCK in the event of a

medical emergency involving my child/ward, which may arise on the premises of NCK.

1. To notify and request aid, if appropriate, of trained emergency medical personnel for immediate treatment of

my child/ward.

2. To transport my child/ward to the nearest medical facility for appropriate medical treatment.

It is agreed that NCK will have the exclusive and immediate right to determine when, in its judgement,

such medical emergency shall exist. If in the judgment of NCK it is appropriate, under the circumstances, NCK

will attempt to contact me, as the parent/guardian before taking any of the above-listed emergency steps. It is agreed that if and when NCK does report the matter to me, as the parent/ guardian, NCK will then

no longer have the principal responsibility for the emergency care of my child/ward but will become the agent

of myself, the parent/guardian.

It is agreed that I, the parent/guardian, will indemnify and hold harmless NCK and/or its agents and

employees from and against any and all claims and losses which may be incurred or which may be claimed as

a result of the alleged acts or alleged failures to act during the emergency.

As parent/guardian of the above named individual, I advise that he/she has the following allergies,

medical conditions, is taking the following medications, and/or cannot take the following medications

**(if none; please so indicate**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference (if none; please so indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand the medical treatment authorization. By signing below I agree to abide by it. I also

agree that Nana Clare’s Kitchen shall not be liable for any damage to either person or property sustained by

the student nor by any third party arising in any way out of the student’s use, operation, occupancy of kitchen

premises, or distribution of any product produced on the kitchen premises. The parent/guardian covenants and

agrees to indemnify, defend, and hold harmless Nana Clare’s Kitchen and its employees from any and all

claims, costs, and liabilities arising from or in connection with damages or injuries to persons (including death)

or property in, upon, or about Nana Clare’s Kitchen premises, any portions thereof, or resulting from the

distribution, consumption, and use of any service provided or product produced by the student on Nana Clare’s

Kitchen premises. "

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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